

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033732

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8704

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
2 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
710 Leland

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ANNIE MINKIN HESSEN

4. DATE OF DEATH
Month Day Year
8-27-1963

5. SEX
female

6. COLOR OR RACE
Cauc.

7. Married ☒ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3-15-1892

9. AGE (last birthday)
71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and state or country)
Russia

12. CITIZEN OF WHAT COUNTRY
Russia

13a. FATHER'S NAME
Leib Evzikov

13b. MOTHER'S MAIDEN NAME
Shima (unk)

14. NAME OF HUSBAND OR WIFE
Albert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Meyer Minkin 1110 Midaron

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction
arteriosclerotic heart disease
420.0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1955 to 8/27/63 and last saw her alive on 8/27/63
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Robert Potashnick M.D.

22b. ADDRESS
3720 Washington

22c. DATE SIGNED
8/28/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
8-29-63

23c. NAME OF CEMETERY OR CREMATORY
Beth Hamedrosh Hagodol

23d. LOCATION (City, town, or county)
Ladue, Missouri

24. FUNERAL DIRECTOR
Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.
AUG 28 1963

26. REGISTRAR'S SIGNATURE
Roal Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Seamus J. Deane*

Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.